



Farmington Valley Health District

95 River Road, Suite C • Canton, CT 06019 • Phone (860) 352-2333 • Fax (860) 352-2542

Avon • Barkhamsted • Canton • Colebrook • East Granby • Farmington • Granby • Hartland • New Hartford • Simsbury

WATER TREATMENT WASTEWATER (WTW) APPLICATION AND PROPOSAL

\$50.00 - Evaluation without soil testing

\$125.00 Evaluation with soil testing

Owner: _____

Property Address: _____

Phone Number: _____ Email address: _____

Contractor: _____ Phone number: _____

Is property served by a private well? Y / N If yes, does well casing extend above grade? Y / N

Type of water treatment, (e.g. softener/neutralizer): _____

Unit installation location (point of entry or point of use): _____

Provide a sketch showing house, wells, property lines, road, driveway, watercourses, existing septic system and location of proposed new WTW.

Description of WTW _____ Volume cycle _____ Cycle frequency _____

Distance between WTW and: Well ____ Septic System ____ Property Line ____ Watercourse ____

Variance needed? Y / N Storage volume _____

IT IS THE HOMEOWNER'S RESPONSIBILITY TO CONTACT THIS OFFICE FOR APPOINTMENTS.

- 1) I agree to hold the FVHD harmless for any site disturbance, damages or difficulties associated with this evaluation and subsequent work.
- 2) I acknowledge that I am responsible for securing any necessary permits required from other town agencies: (Building permit required).
- 3) As-built drawing required after installation.
- 4) I have read page 1 of this application.
- 5) 24 Hour notice is required prior to installation.

Owner/Agent for Owner _____ Date: _____

Approved by (in accordance with PHC Section 19-13-B100a(e)): _____

Inspection required: Yes No